

For Ecology Use
Fee Paid \$12.00
Date 2-22-96 (10.00)
3-5-96 (2.00)
210

State of Washington
Application for a Water Right

Please follow the attached instructions to avoid unnecessary delays.

G329926

Section 1. APPLICANT - PERSON, ORGANIZATION, OR WATER SYSTEM

Name (Larry A. Hoffman, Jr.) Home Tel: (509) 234 - 5816
Mailing Address P.O. Box 14 Work Tel: () -
City (Conne11 State Wa Zip+4 99326 + 0014 FAX: () -

Section 2. CONTACT - PERSON TO CALL ABOUT THE APPLICATION

☒ Same as above

Name Home Tel: () -
Mailing Address Work Tel: () -
City State Zip+4 + FAX: () -
Relationship to applicant

Section 3. STATEMENT OF INTENT

The applicant requests a permit to use not more than (2400 gpm) (☒ gallons per minute or
☐ cubic feet per second) from a ☐ surface water source or ☒ ground water source (check only one) for the
purpose(s) of (seasonal agricultural irrigation of 760 ACRES). Attach a "legal"
description of the place of use. (See instructions.) NOTE: A tax parcel number or a plat number is not sufficient.

Estimate a maximum annual quantity to be used in acre-feet per year: 2100

☐ Check if the water use is proposed for a short-term project. Indicate the period of time that the water will be
needed:
From ___/___/___ to ___/___/___

Section 4. WATER SOURCE

If SURFACE WATER						If GROUNDWATER		
Name the water source and indicate if stream, spring, lake, etc. If unnamed, write "unnamed spring," "unnamed stream," etc.:						A permit is desired for (one) well(s).		
Number of diversions: _____								
Source flows into (name of body of water):						Size & depth of well(s): 16" dia. app. 1200' deep		
LOCATION								
Enter the north-south and east-west distances in feet from the point of diversion or withdrawal to the nearest section corner: 450 feet east and 50 feet south from ^{North 1/4} 1/4 of section 17								
1/4 of	1/4 of	Section	Township	Range(E/W)	County	If location of source is platted, complete below:		
						Lot	Block	Subdivision
NW 1/4	NW 1/4	NE 1/4	17	13	32E	Franklin		
For Ecology Use Date Received: 2-22-96 Priority Date: 2-22-96								
SEPA: Exempt (Not Exempt) FERC License # Dept. Of Health #								
Date Accepted As Complete 3/19/96 By LK Date Returned By WRIA: 36								

Section 5. GENERAL WATER SYSTEM INFORMATION

- A. Name of system, if named: Hoffman Project
- B. Briefly describe your proposed water system. (See instructions.)
Center Pivot Irrigation Project: I plan on a turbine pump at the well and 12" PVC pipe to circles. If I get enough water I will put booster pump to get more water quota. My circles will have drop nozzles that makes them more efficient with water. Plan on rotating water on ground dependency on crops.
- C. Do you already have any water rights or claims associated with this property or system? ☐ YES ☒ NO
PROVIDE DOCUMENTATION.

Section 6. DOMESTIC / PUBLIC WATER SUPPLY SYSTEM INFORMATION
(Completed for all domestic/public supply uses.)

- A. Number of "connections" requested: _____ Type of connection _____
(Homes, Apartment, Recreational, etc.)
- B. Are you within the area of an approved water system? ☐ YES ☐ NO
If yes, explain why you are unable to connect to the system. Note: Regional water systems are identified by your County Health Department.

Complete C. and D. only if the proposed water system will have fifteen or more connections.

- C. Do you have a current water system plan approved by the Washington State Department of Health? ☐ YES ☐ NO
If yes, when was it approved? _____ Please attach the current approved version of your plan.
- D. Do you have an approved conservation plan? ☐ YES ☐ NO
If yes, when was it approved? _____ Please attach the current approved version of your plan.

Section 7. IRRIGATION/AGRICULTURAL/FARM INFORMATION
(Complete for all irrigation and agriculture uses.)

- A. Total number of acres to be irrigated: 760
- B. List total number of acres for other specified agricultural uses:
- | | |
|-----------|-------------|
| Use _____ | Acres _____ |
| Use _____ | Acres _____ |
| Use _____ | Acres _____ |
- C. Total number of acres to be covered by this application: _____
- D. Family Farm Act (Initiative Measure Number 59, November 3, 1977)
Add up the acreage in which you have a controlling interest, including only:
‡ Acreage irrigated under water rights acquired after December 8, 1977;
‡ Acreage proposed to be irrigated under this application;
‡ Acreage proposed to be irrigated under other pending application(s).
- Is the combined acreage greater than 2000 acres? ☐ YES ☒ NO
 - Do you have a controlling interest in a Family Farm Development Permit? ☐ YES ☐ NO
If yes, enter permit no: _____
- E. Farm uses:
Stockwater - Total # of animals _____ Animal type _____ (If dairy cattle, see below)
Dairy - # Milking _____ # Non-milking _____

Section 8. WATER STORAGE

Will you be using a dam, dike, or other structure to retain or store water?

☐ YES ☒ NO

NOTE: If you will be storing 10 acre-feet or more of water and/or if the water depth will be 10 feet or more at the deepest point, and some portion of the storage will be above grade, you must also apply for a reservoir permit. You can get a reservoir permit application from the Department of Ecology.

Section 9. DRIVING DIRECTIONS

Provide detailed driving instructions to the project site.

Go East on highway 260 at Connell. Go approximately 2 miles, then take a right hand turn at Fishhook/Elgin Road. Go another 1½ mile and take a right hand turn on Blackburn Road. Go another ¼ mile and you will be there.

Section 10. REQUIRED MAP

A. Attach a map of the project. (See instructions.)

Section 11. PROPERTY OWNERSHIP

A. Does the applicant own the land on which the water will be used? ☐ YES ☒ NO
If no, explain the applicant's interest in the place of use and provide the name(s) and address(es) of the owner(s):

I am the son of Larry A. Hoffman Sr.

P.O.Box 344

Connell, WA 99326

B. Does the applicant own the land on which the water source is located? ☐ YES ☒ NO
If no, submit a copy of agreement:

I certify that the information above is true and accurate to the best of my knowledge. I understand that in order to process my application, I grant staff from the Department of Ecology access to the site for inspection and monitoring purposes. Even though I may have been assisted in the preparation of the above application by the employees of the Department of Ecology, all responsibility for the accuracy of the information rests with me.

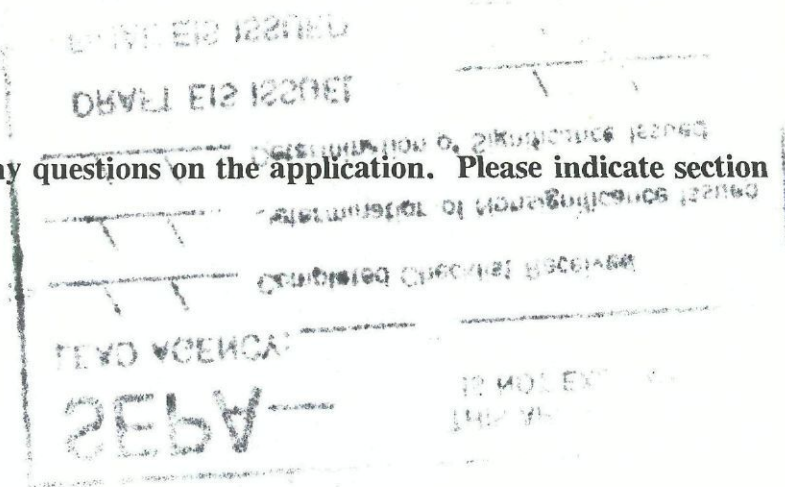
[Signature]
Applicant (or authorized representative)

1-4-96
Date

Larry A Hoffman Sr.
Landowner for place of use (if same as applicant, write "same") Date 1/4/96

SEPA		THIS APPLICATION IS NOT EXEMPT:	
LEAD AGENCY:		_____	
<u>1</u>	<u>1</u>	Completed Checklist Received	
<u>1</u>	<u>1</u>	Determination of Nonsignificance Issued	
<u>1</u>	<u>1</u>	Determination of Significance Issued	
DRAFT EIS ISSUED		<u>1</u>	<u>1</u>
APPLICATION EIS ISSUED		<u>1</u>	<u>1</u>

Use this page to continue your answers to any questions on the application. Please indicate section number before answer.



We are returning your application for the following reason(s):	
_____ Examination fee was not enclosed	APPLICANT PLEASE RETURN TO CASHIER, PO BOX 5128, LACEY, WA 98503-0210
_____ Section number(s) _____ is/are incomplete	APPLICANT PLEASE RETURN TO THE APPROPRIATE REGIONAL OFFICE
Explanation: 	
Please provide the additional information requested above and return your application by _____ _____ (date).	

Ecology staff _____ Date _____

To receive this document in alternative format, contact Lisa Newman at (360) 407-6604 (Voice) or (360) 407-6006 (TDD).